

107

MP ARTIFICIAL WATERMARK IS ON THE BACK • HOLD AT AN ANGLE TO VIEW THIS MARK MP

Place Patient Label Here
(or Medical Record Number)

VCU Health System
MCV Hospitals and Physicians
Richmond, Virginia
Telepage Operator (804) 328-0951
AM 1570072

Name George Delaney Date 9-19-08

Address _____

Rx Docusate 100mg tabs
60
i po BP
NOT ordered
on admission
by MS Health
per TO
Office

No. 103269

Unless the prescriber hand writes "Brand
Medically Necessary" a Voluntary
Formulary product must be dispensed.
Initial here for a non child-proof container.

REFILL 0 1 2 3 4 5

Physician's Signature W.K. NP M.D. 09/15/04
 Physician's Name (Print) W.K. NP
 DEA Number MK1485451/001713864

"RX's ON BACK ARE PRINTED IN DISAPPEARING INK, RUB BRISKLY TO ACTIVATE • CHEMICALLY SENSITIVE PAPER

MP ARTIFICIAL WATERMARK IS ON THE BACK • HOLD AT AN ANGLE TO VIEW THIS MARK MP

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(or Medical Record Number)

VCU Health System
MCV Hospitals and Physicians
Richmond, Virginia
Telepage Operator (804) 328-0951
AM 1570072

Name George Delaney Date 9-19-08

Address _____

Rx Dilaudid 4mg tabs
50 (fifty)
i po every 3 hours prn pain
1331 NP
changed to
Vicodin 10
MS Health
per TO
Office

No. 103270

Unless the prescriber hand writes "Brand
Medically Necessary" a Voluntary
Formulary product must be dispensed.
Initial here for a non child-proof container.

REFILL 0 1 2 3 4 5

Physician's Signature W.K. NP M.D. 09/15/04
 Physician's Name (Print) W.K. NP
 DEA Number MK1485451/001713864

"RX's ON BACK ARE PRINTED IN DISAPPEARING INK, RUB BRISKLY TO ACTIVATE • CHEMICALLY SENSITIVE PAPER

374390

VCU Health System
Inpatient Depart Summary-For the Patient

PERSON INFORMATION

Name: DELANEY, GEORGE L
MRN: 6185429
Admission Date: 9/22/2008 4:53 AM

Age: 48 Years
Sex: M
Enc Type: IP

DOI: 1960 12:00 AM
Language:
Acct: 706800629710

Visit Reason: abd pain
Medical Service: IP-Trauma Surgery
Primary Care Provider: MARSH MD, ROBERT L
Attending Physician: ABOUTANOS MD, MICHEL

Address:

Allergy Information:
Phenergan

Immunizations:

VCU Health Systems thanks you for allowing us to assist you with your healthcare needs.

Visit our website at: www.vcuhealth.org.

If you have any new symptoms, changes in your condition, or questions, please contact your Primary Care Provider.
If you need to reach a Health Care Provider in the hospital, call (804) 828-0951 and ask the operator to page the
Provider on call* for IP-Trauma Surgery.

The following information will help you care for yourself after leaving the hospital.

Admitting Diagnosis:

Partial small bowel obstruction

You were hospitalized for the following condition(s):

partial small bowel obstruction
adhesiolysis

9/15
9/16
9/17

The following procedures were performed:

Discharged On: 09/26/08 10:18:00

Discharge Disposition: Correctional Facility

9/24/08
9/25/08

Name: DELANEY, GEORGE L
MRN: 6185429

1 of 4

09/26/2008 13:41:15

[00127]

New/Changed/Refilled Medications

Printed Medication	Med Details
docusate	100 mg by mouth every 12 hours
* docusate	100 mg by mouth every 12 hours
* senna	1 tab by mouth bedtime
Hydromorphone (Dilaudid)	4 mg by mouth every 3 hours Pain/discomfort
* Acetaminophen-oxycodone (acetaminophen-oxycodone 325 mg-5 mg oral tablet)	2 tab by mouth every 4 hours Pain/discomfort

* Indicates this medication has printed in the last 36 hours.

DISCHARGE INFORMATION**Provider Instructions**

Dictating Provider:	MORALES NP, LINDSAY P
Provider Discharge Instructions:	Please call 804-828-7748 for an appointment to be seen next week. Please adhere to a strict low residue diet. Please call the number given if you have any questions. You should see a doctor if you have any worsening abdominal pain, bowel movement stops with no flatus, redness or drainage from your abdominal incision. You should not lift any object greater than 10 pounds for at least 6 weeks.
Med Profile Reviewed:	Yes
Call 911:	DO NOT DRIVE yourself to the ER, If significant bleeding develops or swelling occurs
Call the doctor if you have:	Abdominal cramping/contractions, Bleeding that won't stop after 10 minutes of direct pressure, Change in mental status (unusual behavior, confusion, difficulty walking), Change in wound drainage (increased amount, foul odor, color), Difficulty breathing, shortness of breath, Lightheadedness, Nausea or vomiting, Severe abdominal pain, Severe or persistent vomiting, Shortness of breath, fluttering feeling in chest, Vomiting or diarrhea for more than 6 hours
Or a temperature over:	101.5 DegF
Discharge Diet:	Other: Low residue diet

ations:
work/school:
/rn to

No smoking.
You may return to work/school when cleared by MD.

Nursing Instructions

Other Instructions

Follow-up Appointments Appointment

Call as soon as possible to make an appointment in

Within: 1

Week(s)

Call 804-828-7748

Written Instructions Provided to the Patient:

Additional Information

If you have heart failure follow the instructions from your provider. Remember to weigh yourself every morning after you go to the bathroom and write the result in a daily log. If you gain 4-5 pounds or more in a week, call your doctor.

If you or a member of your household currently smoke, or have smoked within the past 12 months, you and/or your household member are advised to quit smoking. Please ask your healthcare provider for more information. For further resources in the community visit the Smoke-Free Virginia website (www.smokefreevirginia.org) or call 1-877-856-5177.

Call your doctor if you have changes in your mental health status (unusual behavior, confusion, feelings or thoughts of suicide). You may also call the National Suicide Prevention Lifeline. This is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis. If you need help, please dial 1-800-273-TALK (8255). You will be

routed to the closest possible crisis center in your area.

Home care service options were reviewed with me YES NO

I understand the information given to me YES NO

I have received all my personal belongings YES NO

Patient/Caretaker: _____ **Date:** _____

_____ (signature)

Nurse: _____ **Date:** _____

_____ (signature)

Visit our website at: www.vcuhealth.org

Written Instructions

Medication Information

MP AN ARTIFICIAL WATERMARK IS ON THE BACK • HOLD AT AN ANGLE TO VIEW THIS MARK MP

Place Patient Label Here
(or Medical Record Number)

VCU Health System
MCV Hospitals and Physicians
Richmond, Virginia
Telephone Operator (804) 828-0951
AM 1570072

Name Delaney, George Date 9/26/08

Address _____

Rx Diet order: Please take low-residue
diet

Unless the prescriber hand writes "Brand
Medically Necessary" a Voluntary
Formulary product must be dispensed.

Initial here for a non child-proof container.

REFILL 0 - 1 - 2 - 3 - 4 - 5

RX'S ON BACK ARE PRINTED IN DISAPPEARING INK, RUB BRUSKLY TO ACTIVATE • CHEMICALLY SENSITIVE PAPER

Shayarka M.D.
Physician's Signature
Adrienne Shayarka, M.D.
Physician's Name (Print)

DEA Number _____



Printed: 09/26/08 10:24
/cerner/d_cprod/print/rxreq_706800629710.dat

: AM 1570072

MRN: 6185429

Fin: 706800629710

1770744914

(Not valid unless signed by prescriber)

Initial here for non-childproof container

[00131]



32

CONSULTATION REPORTPLEASE BILL TO ANTHEM

VS: 967-72-18-109187@325

To MCV Yellow
ER
via LifeStar
per Dr. Gore

Sending Facility:	Greenville Corr Ctr/HU-10 Segregation		Date:	9/5/08
Offender Name:	Delaney George		Offender #:	374390
SS#:	1	DOB: 1/1/60	T/D:	8/22/07
Allergies:	Phenergard			
Current Medications:	Colace 100mg + cap p.o. BID Metamucil Smooth packet - BID Tylenol 500mg + tab p.o. BID			
Referred By:	Dr. V. Gore	Referred To:	MCV - Yellow ER	
Medical Complaint:	Abd pain, N+V x 2 ↓ BS all grades			

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

Findings:			
Lab or X-ray Results:			
Diagnosis:			
Treatment and Medications Recommended:			
Restrictions:			
Consulting Physician:	Date:		
Follow-up appointment date and time:			

DELANEY, GEORGE L VCUHS
 6185429 DC /60
 10/16/08 M B 48Y GSSC
 WHELAN MD, JAMES F TRSO
 VIS# 706 157415857

VCU Health System
 MCV Hospitals and Physicians
 Richmond, Virginia 23298

Trauma Surgery
 Follow-Up Visit

Date: 10/16/08

Attending Physician Key Findings:	Physical Examination: (note all abnormal findings)			
	General Appearance <input type="checkbox"/> Normal Appearance <input type="checkbox"/> Obese <input type="checkbox"/> Cachectic			
	Respiratory Abnormal: <input type="checkbox"/> Normal respiratory effort <input type="checkbox"/> Normal auscultation			
	Cardiovascular Abnormal: <input type="checkbox"/> Normal sounds/rhythm <input type="checkbox"/> No edema or tenderness <input type="checkbox"/> Normal peripheral pulses			
	Lymphatic Abnormal: <input type="checkbox"/> Normal lymph nodes (neck, supraclavicular, axillary, groin)			
	Skin/Surgical Site Abnormal: midline c/0/J		<input checked="" type="checkbox"/> Incision intact <input checked="" type="checkbox"/> No evidence of infection or fluid collection	GI Abnormal: <i>(RBS, soft, slightly tender to palpation)</i>
	Musculoskeletal Abnormal:		<input type="checkbox"/> Normal muscle strength & tone	Neuro Abnormal: <input type="checkbox"/> Normal orientation (time, place, person)
	Data Reviewed/ Ordered:			
	Assessment & Plan: 48 yo ♂ s/p ex-lap + lysis of adhesions here for first postop visit. Doing well, taking PD. <i>F/u PRN OBstruction</i>			
Patient to return to clinic: _____				

Resident/NP/PA Signature: _____ Date: _____
 printed name/ stamp or provider #: _____ Time: _____

Teaching Physician/ Attending Surgeon:

I was present with the resident during the interview & examination of the patient. I repeated the critical or key portions of the exam.
 I confirmed/revised the resident's history, exam, assessment and plan as noted.
 I was NOT present with the resident during the interview & examination of the patient. I personally interviewed the patient & repeated the critical or key portions of the exam. I confirmed/revised the history, exam, assessment and plan as noted.
 No resident was involved.

Attending Surgeon Signature:

Ivatury 6632 Aboutanos 5283 Duane 1599 Malhotra 0916 Krawcheck 3249

Date: 10/16/08
 Time: 0945

Additional note dictated No note dictated Letter to follow to: _____

[00133]

VCU Health System
MCV Hospitals and Physicians
Richmond, Virginia 23298

DELANEY, GEORGE L VCUHS
6185429 DOB: 50
10/16/08 M B 48Y GSSC
WHELAN MD, JAMES F TRSO
VIS#: 706 157415857

Trauma Surgery
Follow-Up Visit

Date: 10/16/08 Time: 09:45

Referring/Requesting Physician PCP

Attending Physician

Reason for Visit: 1st p.o.v - please address? in pt letter
Key Findings: E.U.A (rectal) ② Flex sig ③ DX/Ex Tap / Adhesiolysis
Surgery/Procedure: Date of Surgery/ Procedure: 9/10/08

Vital Signs: BP: 115/68 P: 60 Temp: 98 Wt: 164 Height: BMI: —

Pain Assessment: Type: intermittent location: abd Pain acceptable?: No Yes
Pain Score: 0 1 2 3 4 5 6 7 8 9 10
none mild moderate severe very severe worst possible

Current Medications: record on the Ambulatory Care Summary Sheet Form

Allergies: Phenenergan NKDA

Past, Family, Social History: Unchanged from last visit Date of last Visit: 12/4/07
 Updated: see acse

Nurse's Signature: Lorna Dines LP Date/Time: 10/16/08

Printed Name: Lorna Dines LP

Chief Complaint:

Interval History:

Appetite returned. Return of normal bowel function
& diarrhea, constipation, Fever. Back to normal activity.

• Taking PO

• Exercising

Review of Systems:

Updated:

Unchanged from last visit

Date of last visit: _____

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Op Note, HIM

DELANEY, GEORGE L - 6185429

* Preliminary Report *

Result Type: Op Note, HIM
Date: 10 September 2008 13:07
Status: Transcribed
Subject: HIM OPERATIVE NOTE
Encounter Info: 706800623521, VCUHS, IP, 9/5/2008 - 9/19/2008

*** Preliminary Report ***

HIM OPERATIVE NOTE

VCU HEALTH SYSTEM
MCV HOSPITALS AND PHYSICIANS
Richmond, Virginia 23298
OPERATIVE REPORT

Patient Name: DELANEY, GEORGE L MR#: 6185429
Procedure Date: 09/10/2008
Attending: Therese Duane, M.D.
Clinical Service: TRAUMA SURGERY

PREOPERATIVE DIAGNOSIS: Small bowel obstruction.

POSTOPERATIVE DIAGNOSIS: Small bowel obstruction.

PROCEDURE PERFORMED:

1. Diagnostic laparoscopy. 2. Exploratory laparotomy. 3.
Adhesiolysis.

SURGEON: Therese Duane, M.D.

RESIDENT SURGEON: Diane Cox, M.D.

ANESTHESIA: General endotracheal anesthesia.

ESTIMATED BLOOD LOSS: 50 cubic centimeters.

Printed by: Hines LPN, Lorna
Printed on: 10/16/2008 8:55

Page 1 of 3
(Continued)

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPR0D - Production

Op Note, HIM

DELANEY, GEORGE L - 6185429

* Preliminary Report *

DRAINS AND TUBES: none.

PROSTHETIC DEVICES: None.

INDICATIONS: This is a 48-year-old who was hospitalized for a small bowel obstruction. He had had a previous colectomy and J-pouch placement and had recurrent bouts of small bowel obstruction since then. This one was not resolving with NG tube placement, and therefore, a barium enema was done which showed a narrowing just proximal to the J-pouch. Therefore, it was elected that the patient undergo diagnostic laparoscopy with adhesiolysis and possible exploratory laparotomy.

DETAILS OF PROCEDURE: Informed consent was obtained. The patient was brought to the operating room and laid supine on the operating table. Preoperative antibiotics were given and general endotracheal anesthesia was induced. A Foley catheter was placed, and the patient's abdomen was prepped and draped in the sterile fashion. A small incision was made just inferior to the umbilicus in the old scar. This was taken down through subcutaneous tissue until the peritoneum was entered. A blunt port was placed and the camera was placed inside. Immediately, we encountered dilated loops of bowel - so many in fact that it was hard to visualize anything else. Therefore, it was elected that the procedure be converted to open and incision extended. The incision was extended from below the umbilicus to almost the pubis and taken down through subcutaneous tissues. The abdomen was entered and the bowel was eviscerated.

There were several adhesions. Adhesiolysis was begun between loops of bowel that were distended and fluid filled. Bowel was traced both distally and proximally. During adhesiolysis, there was one serosal tear which was repaired in a figure-of-eight fashion with 3-0 silk. The most dense adhesion was located just proximal to the J-pouch. This adhesion was taken down both with Bovie cautery and with Metzenbaum scissors. The bowel appeared twisted but was released upon this adhesiolysis. Once these adhesions were satisfactorily lysed, the bowel was placed back within the peritoneal cavity, and the incision was closed with an O-looped Maxon suture in a running fashion. The skin was closed with staples. The patient tolerated the procedure well. There were no complications during the case. The sponge, needle, and instrument counts were correct at the end of the case. The patient was awakened in the operating room and taken to the PACU in stable condition.

The attending surgeon, Dr. Duane, was present and scrubbed for the entirety of the case.

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

OPROD - Production

Op Note, HIM

DELANEY, GEORGE L - 6185429

* Preliminary Report *

Therese Duane, M.D., Dictated by: Diane Cox, M.D.

DC/MedQ D09/11/2008 T09/11/2008 R
J340712460/375773

cc: Therese Duane, M.D.

Transcription electronically received from Medquist: 09/17/08 13:10:20
Medquist Document Number: 340712460
MQ920

UK 10-17-08

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Op Note, HIM

DELANEY, GEORGE L - 6185429

* Preliminary Report *

Result Type: Op Note, HIM
Date: 10 September 2008 13:07
Status: Transcribed
Subject: HIM OPERATIVE NOTE
Encounter info: 706800623521, VCUHS, IP, 9/5/2008 - 9/19/2008

*** Preliminary Report ***

HIM OPERATIVE NOTE

VCU HEALTH SYSTEM
MCV HOSPITALS AND PHYSICIANS
Richmond, Virginia 23298
OPERATIVE REPORT

Patient Name: DELANEY, GEORGE L MR#: 6185429
Procedure Date: 09/10/2008
Attending: Therese Duane, M.D.
Clinical Service: TRAUMA SURGERY

SURGEON: Therese Duane, M.D.

RESIDENT SURGEON: Robert Ferguson, M.D.

OPERATIONS PERFORMED:

1. Exam under anesthesia (rectal). 2. Flexible sigmoidoscopy.

PREOPERATIVE DIAGNOSIS: Stricture or stenosis of ileoanal anastomosis.

POSTOPERATIVE DIAGNOSIS: Adhesive band causing bowel obstruction.

DRAINS AND TUBES: None.

SPECIMENS SENT: None.

Printed by: Hines LPN, Lorna
Printed on: 10/16/2008 8:52

Page 1 of 3
(Continued)

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPRD - Production

Op Note, HIM

DELANEY, GEORGE L - 6185429

* Preliminary Report *

INS AND OUTS: Total ins during the case: 200 mL of crystalloid. Total outs: None.

ANESTHESIA: General with endotracheal intubation.

INDICATIONS FOR PROCEDURE: The patient is a 48-year-old male well-known to the acute care surgery service with recurrent admissions for small bowel obstruction. On current workup, the patient had evidence of a stenosis in the area of his ileoanal anastomosis and J-pouch which he received greater than 10 years ago after a total colectomy.

Decision was made proceed to the operating room for possible balloon or bougie dilation of this area.

PROCEDURE IN DETAIL: After informed consent was obtained and placed on the chart, the patient was taken to the operating room and placed supine on the operating table. General anesthesia with endotracheal intubation was induced without complication. The patient was placed in the lithotomy position.

Exam under anesthesia was performed. The anastomotic line was easily palpated. There was no evidence of stenosis. There were no masses or obstructing lesions on exam.

A flexible sigmoidoscopy was then performed through the anus, the J pouch, and into the ileum. There was no evidence of stenosis, stricture or other obstructing lesion within the lumen. The sigmoidoscope was passed to approximately 45 cm.

The sigmoidoscope was then withdrawn. The patient was reversed from general anesthesia, extubated and taken to the PACU in stable condition.

All surgical counts were correct x2 at the end of this case.

There were no immediate complications identified during this case.

ESTIMATED BLOOD LOSS FOR THIS CASE: None.

Dr. Therese Duane was present and scrubbed throughout the entire procedure.

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPR0D - Production

Op Note, HIM

DELANEY, GEORGE L - 6185429

* Preliminary Report *

Therese Duane, M.D., Dictated by: Robert Ferguson, M.D.

RF/MedQ D09/11/2008 T09/11/2008 R
J340712459/375775

Transcription electronically received from Medquist: 09/17/08 13:10:20
Medquist Document Number: 340712459
MQ920

10.17.08

Printed by: Hines LPN, Lorna
Printed on: 10/16/2008 8:52

Page 3 of 3
(End of Report)

REFERRING MD: John AdamsREFERRING CLINIC: inhouse or HCO

APPOINTMENT DATE: _____ TIME: _____

*If you cannot make your scheduled appointment, please call the clinic to reschedule.

MCVH LOCATIONS: (please check one)

NORTH HOSPITAL OUTPATIENT CLINIC (828-0246) is located in downtown Richmond at Marshall and College Street. The clinic is in the North Hospital Basement.

HAND MANAGEMENT CENTER (828-0247) is located in Nelson Clinic on the 6th floor. Nelson Clinic is at 403 North 11th Street.

STONY POINT (560-8935) is located in the Park at Stony Point off Chippenham Pkwy.

CHESTER SPORTS MEDICINE (796-4300) is located at 4525 Lee Street in Chester.

You must bring the following to receive therapy:

- 1) This paper (includes your prescription if your MD wrote in the box below)
- 2) Your prescription for therapy (if box below is not written in)
- 3) Your insurance card and/or your hospital financial assistance code letter
- 4) Any required insurance authorizations or referrals

We pride ourselves on treating you at your scheduled appointment time, so please arrive on time to receive your full therapy time. Allow 30 minutes for parking and registration. If you have any questions or if you need assistance in any way, please feel free to call the clinic.

OCCUPATIONAL/PHYSICAL THERAPY ORDERS (or attach other page if needed)

Date: 11/19/08

DELANEY, GEORGE VCUHS
6371281 DOB: 03/03/60
11/19/08 M B 48Y SHAN
ISAACS MD, JONATHAN E ORTO
VIS# 706 157451607

agnosis: Swan neck (L) little fingereactions: NONE

Evaluation and Treatment:

Other (Specify):

Rx Plan: improve ROM of ~~PIP~~ (L) little PIP/DIP
Goals: full ROM

MCU-9459

Physician Signature

M.D.

Scott Adams

Physician Name (Print)

[00141]

Virginia Department of Corrections / VCU Medical Center
PRE-REGISTRATION REQUEST FORM
 (To be used when requesting tests or clinic / telemedicine appointments)

DELANEY, GEORGE 6371281 11/19/08 ISAACS MD, JONATHAN E VIS#:	VCUHS DOB /60 M B 48Y SHAN ORTO	SSN: MI	DOB:	Sex: * _____ Race: _____	
Address: _____		IC Physician: _____ Phone: _____		VCUHC Medical Record Number: _____	
VA Zip Code: _____		FAX: _____		PAYER INFORMATION Company Name: * _____ Policy No: YTA 950 If not DOC, please indicate SELF PAY or send copy of Insurance Card.	

Please complete one of the boxes below to indicate your request for this patient.

(A separate Pre-Registration form is required for each clinic or test.)

<p>Appointment for <u>Hand</u> Clinic</p> <p><input type="checkbox"/> On-Site(VCU-MC) <input type="checkbox"/> Telemedicine</p> <p>Reason patient needs to be seen:</p> <p><input type="checkbox"/> New patient evaluation for: _____</p> <p><input checked="" type="checkbox"/> Follow-up for <u>1/21/09</u> and needs to be seen <u>2</u> month from last appointment.</p> <p><input type="checkbox"/> Emergent (1-7days) <input type="checkbox"/> Urgent (8-30 days) <input type="checkbox"/> Next Available Next available will be given unless explanation is written below to indicate reason for Urgent or Emergent appointment.</p> <p>PHS Number: _____</p>	<p>Diagnostic Test or Procedure: _____ (May require completion of department specific form)</p> <p>For CT or MRI the following information is required:</p> <p>Is the patient claustrophobic? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If diabetic, list diabetic meds: _____</p> <p>Any metal in the body? Specify: _____</p> <p>Allergies: _____ Weight: _____</p> <p>Requesting Doctor's name: _____</p> <p>PHS Number: _____</p>
--	---

Please provide a **DIAGNOSIS** and pertinent **HISTORY** as it relates to this appointment or test.

F/w 1/21/09 for L finger deformity

<p>Appointment Process and Important Information</p> <ul style="list-style-type: none"> • Obtain approval for visit/test/procedure if required. • FAX this form to: (804) 628-3932 (Barbara and Tia). • The day before the appointment, send updated Pre-Reg. Form to the Holding Cell - FAX-(804)786-9615 or E-mail (BURKSMR) • NOTIFY inmate schedulers (804) 628-0425 and Holding Cell (804) 786-1264 of ALL REFUSALS OR CANCELLATIONS. • QUESTIONS?? Call 628-0425-Barbara or 628-3805-Tia • REMEMBER - SEND pertinent information with inmate to appointment. (Notes, Current Meds, Test Results, X-Ray FILMS,etc.) 	<p>APPOINTMENT To be completed by VCU-MC personnel only.</p> <p><input type="checkbox"/> VCU-MC - Date: _____ Time: _____</p> <p><input type="checkbox"/> Telemedicine - Date: _____ Time: _____</p> <p><input type="checkbox"/> At your facility <input type="checkbox"/> Transport to: _____</p> <p style="text-align: right;"><i>(if checked) Please mail films ASAP to: VCU Medical Center, Telemedicine Department P.O. Box 980531, Richmond, VA 23298-0531 *</i></p> <p style="text-align: right;"><i>*Please Send MARS</i></p>
<p>Please NOTE</p> <p>For Hepatology / Possible Liver Biopsy: Complete Protocol Information and FAX to (804) 828-4945. For questions call (804) 828-4060.</p>	<p style="text-align: right;">[00142]</p>

DELANEY, GEORGE VCUHS
 6371281 DOB: 50
 11/19/08 M B 48Y SHAN
 ISAACS MD, JONATHAN E ORTO
 VISH: 706 157451607

VCU Health System
 MCV Hospitals and Physicians
 Richmond, Virginia 23298

AMBULATORY CARE
 CLINIC RECORD

PATIENT IDENTIFICATION (Patient Plate)

11/19 11 AM

S: 48 yo RHD male 5th finger fracture (1) hand in 4/08. Was seen by MD in prison. Was not x-rayed until May. F/u now b/c unable to make fist 20° b. PT subjectively reports fracture dx.

PE:

(1) 5th finger

has full flex/ext MCP

Skin C/S (I)

PIP full extension

DIP flexed

no motion

→ swan neck deformity

Scars intact CT

Passively correctable

Brisk cap refill

deformity

Other fingers unaffected

X-ray: swan neck deformity, avulsion at PIP
 (1) 5th finger

A/P: Swan neck deformity of (1) 5th finger.

(1) Will give pain meds, prescription to use C therapy → needs ~~no~~ ^{no} oral 7.5/500 if P

(2) Will prescribe hand agt ^{range}
 (3) Will digital Block + try to passively correct

(4) Finger now

F/U 2 months

00143 10/09 444

Ambulatory Care Patient Screening

11/19/08 09:45 am Performed by Hines LPN, Lorna
Entered on 11/19/08 09:51 am

Ambulatory Screening

Chief Complaint: eval deformity of left pinky finger and decreased r.o.m of rest of fingers

Allergies

Reaction

1. Phenergan

Measurements

Enter height in :: Feet and inches

Height in feet: 5 ft

Height in inches: 10.0 in

Height Conversion ft & in to cm: 177.80 cm

Height type: Estimated

Enter weight in :: Pounds and Ounces

Weight (lbs):: 165.000 lb

Weight Conversion lbs to kg: 74.844 kg

Weight Conversion ou to gr: 74844.000

Weight type: Estimated

Head Circumference Conversion cm to in: 0.0

Height for Pharmacy: 177.80 cm

Weight for Pharmacy: 74.844 kg

Medication Screening

Learning Barriers: None

Education Preferences: Printed education materials, Video/Educational television, Demonstration,

Verbal explanation

Pain Assessment

Date/time pain

assessed 11/19/08 09:48

Pain Score :

6 Severe pain

Pain scale used

0 - 10

Pain acceptable to

patient

No

Pain Location

Hand, Left

Pain quality:

Aching

Fall Risk Screening - Ambulatory

Patient Age Range: Patient (greater than 10 Years)

Fall Risks - Ambulatory Screening: Other: inmate in shackles and cuffs

Screening Options

Amb screening-Needs Substance Use Screen: Yes

Amb screening-Needs Functional Screen: Yes

Amb screening-Needs Spiritual Screen: Yes

Amb screening-Needs Psychosocial Screen: Yes

Amb screening-Needs Community Svs Screen: Yes

Substance Use

Tobacco Use: No Current Use

Alcohol Use: No Current Use

Drug Use: No Current Use

Functional Screening

Patient is experiencing: No deficits noted at this time

Spiritual Screening

Religious Practices: None

Psychosocial Screening

Patient is/has experienced: Correctional Facility Patient

Community Services

Community Services: None

Orthostatic Vital Signs

Orthostatic VS Supine: 11/19/08 09:45

Orthostatic VS Sitting: 11/19/08 09:45

Orthostatic VS Standing: 11/19/08 09:45

VCUHS (Location: Hand Secure Cl ; ;)

Patient Name: DELANEY, GEORGE DOB / AGE / SEX: 03/03/60 48 Years M

Admitting Physician: ISAACS MD, JONATHAN E

Admission Date / MRN / Financial Num: 11/19/08 6371281 706157451607

Page 1 of 1

Print Date: 11/19/08

Print Time: 09:51 AM

Printed by: Hines LPN, Lorna

To: Teri Chrisley, Director of Nursing for Department of Corrections

From: Bernie Ammons, BSN, RN, Clinical Nurse IV VCUHS Telemedicine Clinics

Date: November 10, 2008

RE: Inmate scheduling

In an effort to improve patient care and follow up, inpatients that are discharged from VCUHS will have follow up clinic appointments automatically scheduled in the Security Care Specialty clinic. The clinic nurses at VCUHS will review clinic schedules approximately seven days prior to the appointment to verify that the inmate is coming for the appointment and that the patient has the appropriate information brought for the clinic appointment (ie MMRs, labs, xrays, CT or MRI films). Post op follow up appointments should be automatically approved by the Department of Corrections.

Those inmates that are followed in VCUHS **security care clinic** will have follow up appointments automatically made when they leave the clinic. The appointment date and time will be documented on the consultation form. A pre registration form with the date, time and location of the clinic appointment will be faxed to the DOC by the Security Care Clinic staff. Please have DOC scheduling staff notify Karen Spurlock Morrison if a follow up appointment is not approved or if the inmate is not going to come for the appointment within one week or at least 72 hours prior to the appointment time.

**CONSULTATION REPORT****PLEASE BILL TO ANTHEM**

Sending Facility:	PCC		Date:	10-16-08
Offender Name:	Delaney, George		Offender #:	374390
SS#:	DOB:		T/D:	
Allergies:				
Current Medications:				
Referred By:	Dr. Kamp	Referred To:	MCV - General Surgery Clinic	
Medical Complaint:				

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

Findings:	P - op visit.		
Lab or X-ray Results:			
Diagnosis:	Obstruction resolved in OR		
Treatment and Medications Recommended:	Cont. Exercise		
Restrictions:	None		
Consulting Physician:	J. M. S.		Date: 10/10/08
Follow-up appointment date and time:	PRN		

REFERRING MD: AdamsREFERRING CLINIC: inhouse or MD

APPOINTMENT DATE: _____ TIME*: _____

*If you cannot make your scheduled appointment, please call the clinic to reschedule.

MCVH LOCATIONS: (please check one)

- NORTH HOSPITAL OUTPATIENT CLINIC (828-0246) is located in downtown Richmond at Marshall and College Street. The clinic is in the North Hospital Basement.
- HAND MANAGEMENT CENTER (828-0247) is located in Nelson Clinic on the 6th floor. Nelson Clinic is at 403 North 11th Street.
- STONY POINT (560-8935) is located in the Park at Stony Point off Chippenham Pkwy.
- CHESTER SPORTS MEDICINE (796-4300) is located at 4525 Lee Street in Chester.

You must bring the following to receive therapy:

- 1) This paper (includes your prescription if your MD wrote in the box below)
- 2) Your prescription for therapy (If box below is not written in)
- 3) Your insurance card and/or your hospital financial assistance code letter
- 4) Any required insurance authorizations or referrals

We pride ourselves on treating you at your scheduled appointment time, so please arrive on time to receive your full therapy time. Allow 30 minutes for parking and registration. If you have any questions or if you need assistance in any way, please feel free to call the clinic.

OCCUPATIONAL / PHYSICAL THERAPY ORDERS (or attach order form)

Date: 11/19/08

DELANEY, GEORGE VCUHS
 6371281 DOB: 03/03/60
 11/19/08 M B 48Y SHAN
 ISAACS MD, JONATHAN E ORTO
 VIS#: 706 157451607

Diagnosis: Swan neck ② little fingercautions: None

Evaluation and Treatment

Other (Specify)

Rx Plan:

improve ROM of ~~②~~ ② little PIP/DIP

Goals:

full ROM

MCU-4859Physician Signature: Adams M.D.Physician Name (Print): Scott Adams

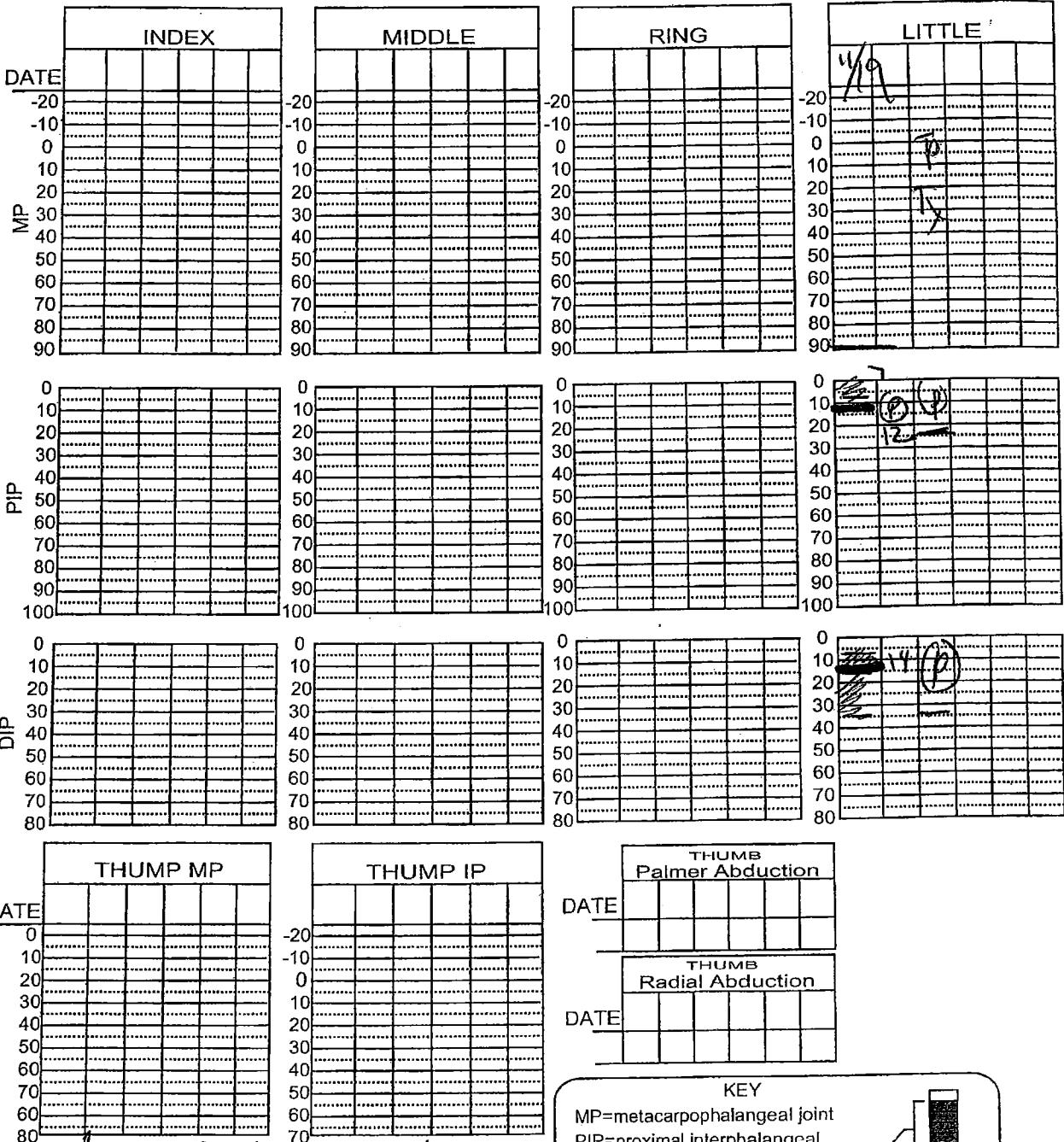
[00147]

Patient Name:
MRN:Delaney George
6371281VCU Health System
MCV Hospitals and Physicians
Richmond, Virginia 23298

Patient Identification

Hand Management Center
Range of Motion - Hand

W08



Signature/Title

Date

Printed Name

KEY
 MP=metacarpophalangeal joint
 PIP=proximal interphalangeal
 DIP=distal interphalangeal
 TAM=total active range of motion
 PROM=passive range of motion

**CONSULTATION REPORT****PLEASE BILL TO ANTHEM**

Sending Facility:	PCC		Date:	11-19-2008
Offender Name:	Delaney, George		Offender #:	374390
SS#:		DOB:	50	T/D:
Allergies:				
Current Medications:				
Referred By:	Dr. King	Referred To:	MCV-Hand Clinic	
Medical Complaint:				

#18229331

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

Findings:	Swan neck deformity		
Lab or X-ray Results:	↓		
Diagnosis:	Swan neck deformity (L) little finger		
Treatment and Medications Recommended:	needs lortabs prior to therapy & then hand rest		
Restrictions:	None		
Consulting Physician:	Adams / Isaacs	Date:	11/19/08
Follow-up appointment date and time:	2 months		

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Depart Summary-Referring

DELANEY, GEORGE L - 6185429

* Final Report *

Result Type: Depart Summary-Referring
Date: 19 September 2008 13:32
Status: Modified
Subject: Depart Summary-Referring
Author: Griffin LPN, Linda on 19 September 2008 13:32
Encounter info: 706800623521, VCUHS, IP, 9/5/2008 -

*** Final Report ***

Depart Summary-Referring (Verified)

**VCU Health System
Inpatient Depart Summary--For the Referring Provider**

PERSON INFORMATION

Name: DELANEY, GEORGE L Age: 48 Years DOB: 1960 12:00 AM
RN: 6185429 Sex: M Language:
Admission Date: 9/05/2008 11:26 PM Enc Type: IP Acct: 706800623521

Visit Reason: SMALL BOWEL OBSTRUCTION
Medical Service: IP-Trauma Surgery
Primary Care Provider: MARSH MD, ROBERT L
Attending Physician: DUANE MD, THERESE M
Referring Provider: SELF MD, REFERRED

Address:

Allergy Information:
Phenergan

Immunizations:

Admitting Diagnosis:

Printed by: Griffin LPN, Linda
Printed on: 9/19/2008 13:33

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(Continued)